efile Public Visual Render ObjectId: 001 - Submission: 2015-01-16 TIN: 20-5478191 OMB No. 1545-Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation Do not enter social security numbers on this form as it may be made public. Open to Public ▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information. Inspection Internal Revenue Service For the 2020 calendar year, or tax year beginning 01-01-2020 , and ending 12-31-2020 C Name of organization D Employer identification number **B** Check if applicable: GREENPEACE FOUNDATION 99-0175939 Name change Initial return Doing business as return/terminated E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1118 Maunawili Road (415) 689-9931 Application pending City or town, state or province, country, and ZIP or foreign postal code Kailua, HI 96734 G Gross receipts \$ 111,351 Name and address of principal officer: H(a) Is this a group return for subordinates? 1118 Maunawili Road **H(b)** Are all subordinates Kailua, HI 96734 included? Tax-exempt status: 501(c)(3) If "No," attach a list. (see instructions) 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 **H(c)** Group exemption number ▶ Website: preenpeacefoundation.org L Year of formation: 1976 M State of legal domicile: HI K Form of organization: Corporation Trust Association Summary 1 Briefly describe the organization's mission or most significant activities: Protection of wildlife and the environment Activities & Governance Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . Number of independent voting members of the governing body (Part VI, line 1b) . 3 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 0 3 Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 . Net unrelated business taxable income from Form 990-T, line 39 8 Contributions and grants (Part VIII, line 1h) . . 148,195 109,283 Program service revenue (Part VIII, line 2g) 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 2,992 2,062 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 151,187 111.351 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 0 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) . . Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,554 3,656 3,656 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,554 Revenue less expenses. Subtract line 18 from line 12 . 149,633 107,695 Net Assets or Fund Balances Beginning of Current **End of Year** 20 Total assets (Part X, line 16) 639,923 747,642 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 . 639,923 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 2021-03-20 Signature of officer Sign Sue White President Here Type or print name and title Print/Type preparer's name Preparer's signature Check | if **Paid** self-employed Firm's EIN 🕨 **Preparer** Use Only Firm's address May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2020) Cat. No. 11282Y

Form	990 (2020)				Page 2
Pa	rt III Statemer	nt of Program Service	Accomplishments		
	Check if Sch	nedule O contains a response	or note to any line in this Part \boldsymbol{III}		🗆
1	Briefly describe the	e organization's mission:			
Prote	ection of wildlife and	the environment			
2	-	on undertake any significant p O or 990-EZ?	rogram services during the year v	which were not listed on	Yes V No
	If "Yes," describe	these new services on Sched	ule O.		
3	Did the organization services?	= '	significant changes in how it cond	ducts, any program · · · · · · · · ·	Yes V No
	If "Yes," describe	these changes on Schedule C).		
4	expenses. Section		complishments for each of its thre anizations are required to report t a program service reported.		
4a	(Code:) (Expenses \$	949 including grants of \$	0) (Revenue \$	0)
			ental and wildlife protection including ma thers, decision makers and the public on		bitats, endangered
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	-				
	-				
					_
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	-				
	-				
					_
					_
	-				
4d	Other program s	ervices (Describe in Schedul	e O.)		
	(Expenses \$	0 includi	ng grants of \$	0) (Revenue \$	0)
4e	Total program se	rvice expenses 🕨	949		
					Form 990 (2020)

VIII, IX, or X as applicable.

Pa

16

ge **3** No

Yes

Nο

Nο

Nο

Nο

Nο

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Form 990 (2020)

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Yes

Form

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"

Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🐿 . . .

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to

Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III

Did the organization receive or hold a conservation easement, including easements to preserve open space,

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII,

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets

reported in Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that

b Was the organization included in consolidated, independent audited financial statements for the tax year?

14a Did the organization maintain an office, employees, or agents outside of the United States?

12a Fid He of an extra separate, independent audited financial statements for the tax year? If "Yes," complete

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

any foreign organization? If "Yes," complete Schedule F, Parts II and IV

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete

Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

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art IV	Checklist of Required Schedules	

m 990 ((2020)	Page
art IV	Checklist of Required Schedules	

"Yes," complete Schedule L, Part I

If "Yes," completeSchedule L,Part III

conservation contributions?

and Part V, line 1

Part V

sections 301.7701-2 and 301.7701-3?

entity or family member of any of these persons?

instructions for applicable filing thresholds, conditions, and exceptions):

Form 990 (2020) Page 4 **Checklist of Required Schedules** (continued) Yes

Νo

Νo

Νo

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Nο

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Yes

Yes

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Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . .

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If

Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or

former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

អ៊ីត៉េហ៊ីតិទី សញ្ជានៅទីដាំទីក្រុមក្រុម និង្សារ៉ាក់ or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member,

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes,"

c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes,"

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable

b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

Hid He Granketation field to Me, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete

เพื่อรัฐโลย Complete Schedule R, Part II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Check if Schedule O contains a response or note to any line in this Part V .

Statements Regarding Other IRS Filings and Tax Compliance

or to a 35% controlled entity (including an employee thereof) or family member of any of these persons?

b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . .

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c

If "Yes," complete Form 4720, Schedule O.

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Pai	Part V Statements Regarding Other IRS Filings and Tax Compliance (co	ntinued)		
2a	2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	0		
b	b If at least one is reported on line 2a, did the organization file all required federal employm Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see		2b	
За	3a Did the organization have unrelated business gross income of \$1,000 or more during the	year?	3a	Νo
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in S	chedule O	3b	
	4a At any time during the calendar year, did the organization have an interest in, or a signatu over, a financial account in a foreign country (such as a bank account, securities account, b ●CCTOes()*Denter the name of the foreign country: ▶		4a	No
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and	Financial Accounts		
5a	5a Washive organization a party to a prohibited tax shelter transaction at any time during the	tax year?	5a	Νo
b	${f b}$ Did any taxable party notify the organization that it was or is a party to a prohibited tax s	nelter transaction?	5b	No
c	c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a	6a Does the organization have annual gross receipts that are normally greater than \$100,00 organization solicit any contributions that were not tax deductible as charitable contributions.	-	6a	No
b	b If "Yes," did the organization include with every solicitation an express statement that su were not tax deductible?	-	6b	
7	,			
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and services provided to the payor?		7a	No
	b If "Yes," did the organization notify the donor of the value of the goods or services provide	-	7b	-
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for file Form 8282?	which it was required to	7c	No
а	d If "Yes," indicate the number of Forms 8282 filed during the year			
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a person	al benefit contract?	7e	No
f	${f f}$ Did the organization, during the year, pay premiums, directly or indirectly, on a personal b	enefit contract?	7f	No
g	g If the organization received a contribution of qualified intellectual property, did the organi required?	zation file Form 8899 as	7g	No
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did Form 1098-C?	the organization file a	7h	No
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund main sponsoring organization have excess business holdings at any time during the year?	tained by the	8	
9	9 Sponsoring organizations maintaining donor advised funds.			
а	a Did the sponsoring organization make any taxable distributions under section 4966?		9a	
b	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related p	erson?	9b	
10	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on Part VIII, line 12 10a			
11	a Gross income from members or shareholders			
	b Gross income from other sources (Do not net amounts due or paid to other sources			
_	against amounts due or received from them.)			
12a	2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in li	eu of Form 1041?	12a	
b	b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13				
а	a Is the organization licensed to issue qualified health plans in more than one state?		13a	
b	 Note. See the instructions for additional information the organization must report on Sche Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 	dule O.		
c				
14a	4a Did the organization receive any payments for indoor tanning services during the tax year	?	14a	No
b	b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in</i>	Schedule O	14b	
15	excess parachute payment(s) during the year?	00 in remuneration or	15	No
16		et investment income?	16	No

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orm	990 (2020)						Pag
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 throws as, 8b, or 10b below, describe the circumstances, processes, or changes in Schedul Check if Schedule O contains a response or note to any line in this Part VI.	_	,		spons	e to lines	
Se	ction A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax	1a		3			
	Year-fire are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b		3			
2	Did any officer, director, trustee, or key employee have a family relationship or a bu other officer, director, trustee, or key employee?			nip with any	2	Yes	
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co	,			3		No
4				4		No	
5	filed? the organization become aware during the year of a significant diversion of the	organi	zation's as	ssets? .	5		No

b	Enter the number of voting members included in line 1a, above, who are independent	1b		3			
2	Did any officer, director, trustee, or key employee have a family relationship or a bu other officer, director, trustee, or key employee?		•	,	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .				3		Νo
4	Did the organization make any significant changes to its governing documents since	e the p	orior Form 990 was	S	4		Νo
5	600 blad the organization become aware during the year of a significant diversion of the	organi	zation's assets?		5		Νo
6	Did the organization have members or stockholders?			_	6		Nο

	, ,							
b	Enter the number of voting members included in line 1a, above, who are independent	1b			3			
2	Did any officer, director, trustee, or key employee have a family relationship or a bu other officer, director, trustee, or key employee?					2	Yes	
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co	,				3		Νo
4	Did the organization make any significant changes to its governing documents since	e the p	rior Form 9	990 was		4		Νo
5	600 field the organization become aware during the year of a significant diversion of the	organi	zation's ass	sets? .		5		Νo
6	Did the organization have members or stockholders?					6		Νo
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?					7a		Νo
b	Are any governance decisions of the organization reserved to (or subject to approve or persons other than the governing body?				-,	7b		Νo
8	Did the organization contemporaneously document the meetings held or written active year by the following:	ons ur	ndertaken d	luring the				

2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	4		Νo
5	600 he organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6		Νo
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Νο
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	even	ue Cod	e.)
			Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			

•	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νo
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	4		No
5	60° organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6		Νo
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Νο
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		N o
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ue Cod Yes	e.) No
	Did the organization have local chapters, branches, or affiliates?	event 10a		
10a				No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b		No No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b		No No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a	Yes	No No

4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	4		Νo
5	$^{ ext{filled}}$ the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6		Νo
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	even	ue Coa	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Νo
b	Other officers or key employees of the organization	15b		Νo
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			

	or persons other than the governing body?			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Νo
b	Other officers or key employees of the organization	15b		Νo
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			

ation have a written conflict of interest policy? If "No," go to line 13	i	the forms	114		14 0
directors, or trustees, and key employees required to disclose annually interests that could give so that could give ation regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe ow this was done	b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
ation regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe by this was done	12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
tow this was done	b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
ation have a written document retention and destruction policy?	С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
for determining compensation of the following persons include a review and approval by	13	Did the organization have a written whistleblower policy?	13	Yes	
	14	Did the organization have a written document retention and destruction policy?	14	Yes	
	15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			

List the states with which a copy of this Form 990 is required to be filed

17 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

State the name, address, and telephone number of the person who possesses the organization's books and records:

interest policy, and financial statements available to the public during the tax year.

▶Sue White 1118 Maunawili Road Kailua, HI 96734 (415) 689-9931

19

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

ection A.	Officers,	Directors,	Trustees, K	ey Empl	loyees, and	d Highest	Compensated	Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

- of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee." List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations. • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization n	or any related o	organiz	ation	cor	npe	nsate	d an	y current officer,	director, or truste	e.
(A) Name and title	(B) Average hours per week (list any hours for related	more pers and	than on is a dir	one bot ecto	not bo: h ar or/ti	n offic rustee	ess er e)	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	and related organizations
(1) Sue White President		Х		х				0	0	0
(2) Donald J White VP Sectretary Treasurer	0	Х		х				0	0	0
(3) Gerhardt Robinson Director	1.00	х						0	0	0
										Form 990 (2020)
										1 01111 330 (2020)

\$100,000 of compensation from the organization \blacktriangleright 0

	(A) Name and title	(B) Average hours per week (list any hours for	more pers	than on is	one bot	not box h ar	checl x, unle n office rustee	ess er	Repo compo fro	(D) ortable ensation m the cation (W	(E) Reportable compensatio from related organizations		(F) Estima amount o compens	ited f other sation
		related organizations below dotted line)	Individual trustee or director	2/1099-MISC) (W-2/1099-MISC) (W-2/1099-MISC) (W-2/1099-MISC) Institutional Trustee									organizati relat organiza	ed
1b 5	Sub-Total	<u> </u>		<u> </u>			•					1		
	Total from continuation sheets to Pa Total (add lines 1b and 1c)	•					*			0		0		(
2	Total number of individuals (includ \$100,000 of reportable compensat	ing but not limit	ed to th	nose		d al	oove)	who	receive	d more th	an			
_	Did the average link and former	66:			1					.			Yes	No
3	Did the organization list any forme on line 1a? <i>If "Yes," complete Scheology</i>	dule J for such in	dividua		•	•		•				3		No
4	For any individual listed on line 1a organization and related organizat individual											4		No
5	Did any person listed on line 1a re	ceive or accrue	 compen	• satio	• on fr	• om	• • any ur	• nrela	• • ated orga	• • anization	• • or individual for			No
	services rendered to the organizatection B. Independent Contr	•	nplete S	ched	ule J	l for	such p	oerso	on			5		Νo
1	Complete this table for your five h compensation from the organizatio	ighest compens											tax year.	
	Name	(A) and business addre	ess				,			Des	(B) scription of services		(C Compen	
_	Total number of independent contrac	tors (including b	nut not	limit	ad to	n th	oco lic	tod	ahovo) i	who rocoi	yod more than			

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	990 (2020)							Page !
Part								_
	Check if Sch	edule O cont	tains a res	sponse or note to	any line in this Par (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
so 50	1a Federated campa	_	1a	0				
Grants	b Membership due	s	1b	0				
2. g	c Fundraising ever		1c	0				
fs, A	 d Related organiza e Government grants (1d	0				
5 ≅	e Government grants ((contributions)	1e	0				
Contributions, Gifts, Grants and Other Similar Amounts								
	f All other contribution and similar amounts	s, gifts, grants, not included	1f	109,283				
	above g Noncash contribution	s included in		103,203				
	lines 1a - 1f:\$		1 g	0				
	h Total. Add lines	1a-1f		•	109,283			
	2-			Business Code				
e	2a 							
Program Service Revenue	b							
9								
ervic	С							
E S	d			_				
ogra	e							
Δ	f All other program	n service rev	venue.					
	9 Total. Add lines	2a-2f		0				
	3 Investment incom			, interest, and	1			
	other				2,062			
	49imilareafronnitale	stment of ta	x-exempt	bond proceeds		0		
	5 Royalties			.	•	0) (
		(1)) Real	(ii) Personal	_			
	6a Gross rents	6a						
	b Less: rental expenses	6b						
	c Rental income or	6c	(0	0			
	d (Nets)ental incon	ne or (loss)						
		(i) S	ecurities	(ii) Other►				
	7a Gross amount from sales of assets other than inventory	7a						
	b Less: cost or other basis and sales expenses	7b						
	c Gain or (loss)	7c	(0	0			
	d Net gain or (los	s)		•				
	8a Gross income from f							
•	(not including \$ contributions reporte		of					
2	See Part IV, line 18		. 8a					
eve	b Less: direct exp	enses	8b		_			
ď	c Net income or (lo		ndraising	events				
Other Revenue				•				
ō	9a Gross income fro	m gaming						
	activities.		9a					
	See Part IV, line b Less: direct exp	19 enses						
	c Net income or (lo		ming acti	vities 🍃				
	102 Gross sales of in	vantary las						

returns and allowances	10a					
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of	inve	ntory				
		▶				
Miscellaneous Revenue		Business Code				
11a						
ь						
с						
d All other revenue			6	6	0	0
e Total. Add lines 11a-11d	•	.	6			
12 Total revenue. See instructions .	•	•	111,351	2,068	0	0

0 Form **990** (2020)

P	art IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations mus	st complete all colun	nns. All other organ	nizations must comp	olete column (A)
Do	Check if Schedule O contains a response or note to not include amounts reported on lines 6b,	any line in this Par	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0	0		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	0	0	0	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	0	0	0	0
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	0	0	0	0
	Payroll taxes	0	0	0	0
	Fees for services (non-employees):				
ā	Management	0	0	0	0
	Legal	0	0	0	0
	Accounting	0	0	0	0
	Lobbying	0	0	0	0
•	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	0	0	0	0
9	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0	0	0	0
12	Advertising and promotion	0	0	0	0
13	Office expenses	3,192	519	2,673	_
	Information technology	464	430	34	_
15	Royalties	0	0	0	0
16	Occupancy	0	0	0	0
17	Travel	0	0	0	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .	0	0	0	0
19	Conferences, conventions, and meetings	0	0	0	0
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	0	0	0	0
	Insurance	0	0	0	0
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a				
	b				
	c d				
	e All other expenses	0	0		0
	Total functional expenses. Add lines 1 through 24e	3,656	949	2,707	0
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	2,220		_,	

Forr	n 990	(2020)				Page 11				
P	art X	Balance Sheet								
		Check if Schedule O contains a response or	note to any line in this Part IX $. $			🗆				
				(A) Beginning of year		(B) End of year				
	1	Cash-non-interest-bearing		164,122	1	264,601				
	2	Savings and temporary cash investments	Γ	451,187	2	483,041				
	3	Pledges and grants receivable, net		0	3	0				
	4	Accounts receivable, net		0	4	0				
	5	Loans and other payables to any current or for key employee, creator or founder, substantial		0	5	0				
	6	controlled entity or family member of any of t Loans and other receivables from other disqu	alified persons (as defined	d persons (as defined						
		under section 4958(f)(1)), and persons descri-	ribed in section 4958(c)(3)(B)	6	0					
ts	7	Notes and loans receivable, net		0	7	0				
Assets	8	Inventories for sale or use		0	8	0				
AS	9	Prepaid expenses and deferred charges .		0	9	0				
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a							
	b	Less: accumulated depreciation	10b		10 c					
	11	Investments—publicly traded securities .		0	11	0				
	12	Investments—other securities. See Part IV, Ii	ne 11	0	12	0				
	13	Investments—program-related. See Part IV, I	ine 11	0	13	0				
	14	Intangible assets		0	14	0				
	15	Other assets. See Part IV, line 11		24,614	15					
	16	Total assets: Add lines 1 through 15 (must e	qual line 33)	639,923	16	747,642				
	17	Accounts payable and accrued expenses .		0	17	0				
	18	Grants payable		0	18	0				
	19	Deferred revenue		0	19	0				
	20	Tax-exempt bond liabilities		0	20	0				
S	21	Escrow or custodial account liability. Complet	ce Part IV of Schedule D	0	21	0				
Liabilities	22	Loans and other payables to any current or for key employee, creator or founder, substantial	contributor, or 35%							
a.		controlled entity or family member of any of t	· _	0	22	0				
_	23	Secured mortgages and notes payable to unre	elated third parties	0	23	0				
	24	Unsecured notes and loans payable to unrela	ted third parties	0	24	0				
	25	Other liabilities (including federal income tax parties, and other liabilities not included on li Complete Part X of Schedule D	payables to related third nes 17 - 24).		25					
	26	Total liabilities. Add lines 17 through 25 .		0	26	0				
ces		Organizations that follow FASB ASC 958, che lines 27, 28, 32, and 33.	ck here ▶ 🔽 and complete							
Fund Balances	27	Net assets without donor restrictions		613,063	27	713,396				
nd B	28	Net assets with donor restrictions		26,860	28	34,246				
Fu		Organizations that do not follow FASB ASC 9	58, check here 🕨 🗌 and							
0	29	complete lines 29 through 33. Capital stock or trust principal, or current fun	ds		29					
sts	30	Paid-in or capital surplus, or land, building or	_		30					
Assets or	31	Retained earnings, endowment, accumulated i	· ·		31					
	32	Total net assets or fund balances	neome, or other fullus	639,923	32	747,642				
Net	33			639,923	33	747,642				
	<i>_</i>	Total liabilities and het assets/fund balances		009,923	<i>3</i> 3	Form 990 (2020)				

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form 990 (2020)

3b

Form 990 (2020)		
Additional Data		Return to Form
	Software ID: 20012124	
	Software Version: v1.00	
Form 990, Special Condition	on Description:	
	Special Condition Description	

efi	le Pu	blic Visua	l Render	ObjectI	d: 001 - Submiss	ion: 2015-0	1-16	T.	IN: 20-5478191			
SC	HED	ULE A		Public	Charity Statu	s and Pub	dic Sunno	rt	OMB No. 1545-0047			
		or 990EZ)	c		organization is a sect				2020			
Donort	mant of th	o Tracoun		-	4947(a)(1) nonexe Attach to Form	-			2020			
		e Treasury e Service	•	Go to <u>www.ir</u>	s.gov/Form990 for i			rmation.	Open to Public Inspection			
		ne organizat	on					Employer identifica	•			
GREE	NPEACE	FOUNDATION						99-0175939				
	rt I				t atus (All organiza			art.) See instruction	ons.			
	organi —				use it is: (For lines 1		•	•				
1		•			association of churc		•					
2		A school d	escribed in	section 170(b)	(1)(A)(ii). (Attach S	chedule E (Forr	n 990 or 990-E	Z).)				
3		A hospital	or a cooper	ative hospital :	service organization o	described in sec	tion 170(b)(1)((A)(iii).				
4			research org name, city,		rated in conjunction w	vith a hospital d	escribed in sect	ion 170(b)(1)(A)(ii	i). Enter the			
5	170(b)(1)(A)(iv). (Complete Part II.)											
6		A federal,	state, or loc	al government	or governmental unit	described in se	ction 170(b)(1)(A)(v).				
7					es a substantial part o i). (Complete Part II.		m a governmen	tal unit or from the	general public			
8		A commun	ity trust de:	scribed in secti	on 170(b)(1)(A)(vi)	. (Complete Par	t II.)					
9					described in 170(b) of agriculture. See in							
10	V	-		•	es: (1) more than 331			·				
		from gross	investmen	t income and u	exempt functions—sunrelated business taxe e section 509(a)(2).	kable income (le	ess section 511	• •				
11		An organiz	ation organ	ized and opera	ted exclusively to test	t for public safe	ty. See section	509(a)(4).				
12		one or mor	e publicly s	supported organ	ed exclusively for the nizations described in t describes the type o	section 509(a)	(1) or section 5	09(a)(2). See sectio	n 509(a)(3). Check			
а		supported	organization	n(s) the power	erated, supervised, or to regularly appoint o t IV, Sections A and I	r elect a majori						
b		Type II. A manageme	supporting nt of the su	organization supporting organ	ipervised or controlled ization vested in the	d in connection			by having control or organization(s). You			
С		Type III fu	nctionally i		upporting organizatio				grated with, its			
d					uctions). You must co • A supporting organi				nanization(s) that is			
-		not functio	nally integr	ated. The orga	nization generally mu	st satisfy a dist	ribution require		· · · ·			
e					te Part IV, Sections A ceived a written deter			a Typo I Typo II T	vno III functionally			
-					lly integrated support			, pc 1, . , pc 11, 1	, po III runctionally			
f	Ente			ed organization				<u> </u>				
<u>g</u>	(i) N	Provide the lame of supp		nformation abo	ut the supported orga (iii) Type of		organization	(v) Amount of	(vi) Amount of			
	(1)	organization organization listed in your governing monetary support othe (described on lines document? (see instructions) in										
					1- 10 above (see instructions))							
						Yes	No					
				<u> </u>								
Tota												
		vork Reduct	ion Act Noti	ice, see the Ins	structions for	Cat. No. 11285	5F	Schedule A (Form	990 or 990-EZ) 2020			

organization

hedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) nly if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under the organization failed to qualify under the tests listed below, please complete Part III.)

	Part III. If the organiza						
_	Section A. Public Support	tion raneu to	quality under	the tests lister	a below, piease	complete rait	111.)
	lendar year						
	r fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grant.") . .						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
2	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from						
•	line 4.						
9	Section B. Total Support						
Ca	lendar year	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
(0	r fiscal year beginning in) 🟲	(4) 2010	(5) 2017	(6) 2010	(4) 2013	(6) 2020	(1) 10ta1
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
	and income from similar sources						
9	Net income from unrelated						
	business activities, whether or not						
	the business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
11							
	10						
12	Gross receipts from related activitie	s, etc. (see inst	tructions)			12	
13	First 5 years. If the Form 990 is for t	he organization	's first, second,	third, fourth, or	fifth tax year as	a section 501(c)(3) organization,
	check this box and stop here					- F	
-	Section C. Computation of Pub	olic Support	Percentage				
	Public support percentage for 2020 (• • •		ne 11. column (f))	. 14	
	Public support percentage for 2019					15	
	33 1/3% support test—2020. If the o						k this box
-00	and stop here. The organization qual						. —
	33 1/3% support test—2019. If the	•		-			
	box and stop here. The organization						
17-	10%-facts-and-circumstances test—						

is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part

II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

_	_			_								
Ca	sla	٦r	1	la	r١	/ear						
-	•••	-		···	. ,	, cu.						
										Sec.		

(or fiscal year beginning in)

Gifts, grants, contributions, and

paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge

Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified

c Add lines 7a and 7b. .

(or fiscal year beginning in)

9 Amounts from line 6. . . Gross income from interest, dividends, payments received on

c Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . 13 Total support. (Add lines 9, 10c,

11, and 12.). .

16

17

Section B. Total Support

from line 6.)

Calendar year

1975.

b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.

Public support. (Subtract line 7c

securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30,

(a) 2016

50,061

(b) 2017

77,426

69,026

(d) 2019

148,195

(e) 2020

109,283

453,991

453,991

453,991

453,991

10,574

97.716 %

97.368 %

2.276 %

2.624 %

(f) Total

(f) Total

membership fees received. (Do not include any "unusual grants.") . Gross receipts from admissions,

.

persons

merchandise sold or services performed, or facilities furnished in any activity that is related to the

50.061

50,061

1,642

1,642

Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))

Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))

Public support percentage from 2019 Schedule A, Part III, line 15

Investment income percentage from 2019 Schedule A, Part III, line 17

(c) 2018

organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either

(a) 2016

Section C. Computation of Public Support Percentage

Section D. Computation of Investment Income Percentage

(b) 2017

77,426

77,426

1,564

1.564

First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

19a 331/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than $\overline{33}$ 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3% support tests-2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization 🕨 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

(c) 2018

69.026

69,026

2.314

2,314

(d) 2019

148,195

148,195

2,992

2,992

(e) 2020

15

109,283

109,283

2,062

2,062

Schedule A (Form 990 or 990-EZ) 2020

Page 4

you checked box 12a or 12b in Part I, answer lines 4b and 4c below.

or supervised by or in connection with its supported organizations.

box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you mplete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you

Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization

b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and

purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

Substitutions only. Was the substitution the result of an event beyond the organization's control?

regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

the filing organization's supported organizations? If "Yes," provide detail in Part VI.

supporting organization had an interest? If "Yes," provide detail in Part VI.

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines

satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if

b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that

Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from,

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine

b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting

assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)

	(Complete only if you checked a
cked	hox 12h of Part I com

was described in section 509(a)(1) or (2).

amendment to the organizing document).

organization's organizing document?

"Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

(1) or (2))? If "Yes," provide detail in Part VI.

organizations)? If "Yes," answer line 10b below.

whether the organization had excess business holdings).

	(Complete only if you checked a
hecked	box 12b, of Part I, con
to a set of the	121 (5.1.1.

⁄es	No

1 2

За

3b

3с

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Schedule A (Form 990 or 990-EZ) 2020

3b and 3c below.

made the determination.

Supporting Organizations (continued)

Part IV

Yes

Page 5

No

11	Has the organization accepted a gift or contribution from any of the following persons?			
а	a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in 11a above?	11b		
c		11c		
S	ection B. Type I Supporting Organizations		ı	
	7. 11 3 3		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
	ection C. Type II Supporting Organizations			
	cetton of Type 12 Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or			
_	trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or	1		
	management of the supporting organization was vested in the same persons that controlled or managed the supported	1		
_ <u>S</u>	ection ^z b ^{:o} Afi ⁾ Type III Supporting Organizations		1	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	tructio	ns):	
	The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions)	(see		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the			
	supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities			
	constituted substantially all of its activities.	2a		
	b Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI.** the role played by the organization in this regard.

each of the supported organizations? If "Yes" or "No" provide details in Part VI.

Schedule A (Form 990 or 990-EZ) 2020

(B) Current Year (optional)

Current Year

Page **6**

ar?	t V	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations
1		Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See
		instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_				

Other gross income (see instructions) Add lines 1 through 3

5 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of

gross income or for management, conservation, or maintenance of property held for production of income (see instructions)

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)

Section B - Minimum Asset Amount

7 Other expenses (see instructions)

1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):

a Average monthly value of securities **b** Average monthly cash balances

c Fair market value of other non-exempt-use assets

d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt use assets

Subtract line 2 from line 1d

instructions).

Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see **5** Net value of non-exempt-use assets (subtract line 4 from line 3)

Multiply line 5 by 0.035

Recoveries of prior-year distributions

Enter 85% of line 1

Enter greater of line 2 or line 3

instructions)

Income tax imposed in prior year

temporary reduction (see instructions)

3

Minimum Asset Amount (add line 7 to line 6)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

Section C - Distributable Amount

7 8

Adjusted net income for prior year (from Section A, line 8, Column A) 1

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

7

8

1

1a

1b

1c 1d

2

3

5 6

2

3

4

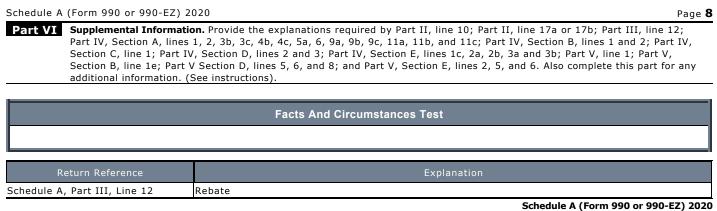
(A) Prior Year

e Excess from 2020. . . .

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting

(continued)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting (continued)					
Section D ^Q r Bastia bticons					Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes					
2 Amounts paid to perform activity that directly further	s exempt purposes of suppo	rted			
organizations, in			2		
excess of income from activity					
3 Administrative expenses paid to accomplish exempt	ourposes of supported organ	nizations	3		
4 Amounts paid to acquire exempt-use assets			4		
5 Qualified set-aside amounts (prior IRS approval requir	ed - provide details in Part V	'I)	5		
6 Other distributions (describe in Part VI). See instruc	tions		6		
,					
7 Total annual distributions. Add lines 1 through 6.			7		
8 Distributions to attentive supported organizations to (provide	which the organization is re	•	8		
details in Part VI). See instructions			•		
9 Distributable amount for 2020 from Section C, line 6			9		
10 Line 8 amount divided by Line 9 amount			10		
·		(ii)			(iii)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistri	ibutio	ns	Distributable
(366 matractions)		Pre-20	020		Amount for 2020
1 Distributable amount for 2020 from Section C, line 6					
2 Underdistributions, if any, for years prior to 2020					
(reasonable cause required $explain$ in ${\it Part VI}$).					
See instructions.					
3 Excess distributions carryover, if any, to 2020:					
a From 2015					
b From 2016					
c From 2017 d From 2018					
e From 2019					
f Total of lines 3a through e					
g Applied to underdistributions of prior years					
h Applied to 2020 distributable amount					
 Carryover from 2015 not applied (see instructions) 					
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4 Distributions for 2020 from Section D, line 7:					
\$					
a Applied to underdistributions of prior years					
b Applied to 2020 distributable amount					
c Remainder. Subtract lines 4a and 4b from line 4.					
5 Remaining underdistributions for years prior to					
2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i>					
See instructions					
See instructions. 6 Remaining underdistributions for 2020. Subtract					
lines 3h and 4b from line 1. If the amount is greater					
than zero, explain in Part VI . See instructions.					
7 Excess distributions carryover to 2021. Add lines 3j and 4c.					
8 Breakdown of line 7:					
a Excess from 2016					
b Excess from 2017					
c Excess from 2018					
d Excess from 2019					



efile Public Visual Ro	ender ObjectId: 001 - Submission: 2015-01-16		TIN: 20-5478191			
Schedule B	Schedule of Contributors		OMB No. 1545-0047			
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Attach to Form 990, 990-EZ, or 990-PF. the Treasury					
Name of the organization GREENPEACE FOUND		Employer i	dentification number			
	ATION	99-01759	39			
Organization type (che	eck one):					
Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private founda	tion				
	☐ 527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	☐ 501(c)(3) taxable private foundation					
_	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contribution from any one contributor. Complete Parts I and II. See instructions for determining	-				
Opeciai Ruics						
under sections 5 received from an	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ /3% s i09(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Party one contributor, during the year, total contributions of the greater of (1) \$5,000 or (ii) Form 990-EZ, line 1. Complete Parts I and II.	art II, line 13, 16	a, or 16b, and that			
during the year,	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receitotal contributions of more than \$1,000 exclusively for religious, charitable, scient n of cruelty to children or animals. Complete Parts I, II, and III.					
during the year, this box is check purpose. Don't o	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rece contributions exclusively for religious, charitable, etc., purposes, but no such conted, enter here the total contributions that were received during the year for an excomplete any of the parts unless the General Rule applies to this organization be ble, etc., contributions totaling \$5,000 or more during the year	tributions totaled xclusively religion ecause it receive	d more than \$1,000. If ous, charitable, etc., d <i>nonexclusively</i>			
990-EZ, or 990-PF), but	n that isn't covered by the General Rule and/or the Special Rules doesn't file Scheit must answer "No" on Part IV, line 2, of its Form 990; or check the box on line Hart I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form	of its Form 990-				
For Paperwork Reduction for Form 990, 990-EZ, or 9		edule B (Form 99	0, 990-EZ, or 990-PF) (2020)			

Name of organization GREENPEACE FOUNDATION

Employer identification number 99-0175939

Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	Person Payroll Noncash
	,		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

(d)

(d)

Date received

(d)

Date received

Page 3

99-0175939 Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Employer identification number

(c)

(c)

FMV (or estimate)

(See instructions)

(c)

FMV (or estimate)

(See instructions)

FMV (or estimate) Description of noncash property given Date received (See instructions)

No. from Description of noncash property given

(b)

Description of noncash property given

(b)

(b)

Description of noncash property given

(b)

Description of noncash property given

(c) FMV (or estimate) (See instructions)

Date received (d) Date received

(d)

(c) FMV (or estimate) (See instructions) Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

(a)

No. from

Part I

(a)

Part I

(a)

No. from

Part I

(a)

No. from

Part I

(a)

No. from

Part I

(c) (a) (d) FMV (or estimate) Description of noncash property given Date received (See instructions)

Schedule E	B (Form 990, 990-EZ, or 990-PF) (2020)		Page 4
	rganization ACE FOUNDATION		Employer identification number
	ACE TOUNDATION		99-0175939
Part III	Exclusively religious, charitable, etc., contributed more than \$1,000 for the year from an line entry. For organizations completing Pa of \$1,000 or less for the year. (Enter this in Use duplicate copies of Part III if additional space	y one contributor. Complete c art III, enter the total of exclusi formation once. See instruction	columns (a) through (e) and the following vely religious, charitable, etc., contributions
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
-	Transferee's name, address, and ZIP 4	(e) Transfer of gift Rel	ationship of transferor to transferee
		<u> </u>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, and ZIP 4	(e) Transfer of gift Rel	ationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	(e) Transfer of gift Transferee's name, address, and ZIP 4 Rela		ationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and ZIP 4	(e) Transfer of gift	ationship of transferor to transferee
			Schedule B (Form 990, 990-EZ, or 990-PF) (2020



